No. <b>W 140371</b>		Due no later than Jul 31, 2018	2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  POCATELLO MED PARTNERS LLC  ATTN TAX DEPT  920 WINTER ST  WALTHAM MA 02451	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	BRYAN MELL	O 920 WINTER ST	WALTHAM	MA	USA	02451	
5. Organized Under the Laws of:  DE		6. Annual Report must be signed.* Signature: BRYAN MELLO	Date: 06/26/2				
W 140371		Name (type or print): BRYAN MELLO	Title: ASSISTANT TREASURER				
Processed 06/26/2018 * Electronically provided signatures are accepted as original signatures.							